

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR

999000773

PRODUCER OF WASTE (Must be filled by producer)

Name Aleca [ ] [ ] [ ] [ ]  
(PRINT OR TYPE) CODE NO.

Pick up Address: 5151 Aleca Ave Calif.  
(NUMBER) (STREET) (CITY)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Print Date: 7-1-80

Type of Process  
which Produced Wastes: Equipment Cleaning [ ] [ ] [ ] [ ]  
(Examples: metal plating, equipment cleaning, oil drilling  
wastewater treatment, pickling bath, petroleum refining) CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) \_\_\_\_\_

**Components:**  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration:		ppm
		Lower	%	
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 2 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: 1 ☐ drums ☐ cartons ☐ bags ☒ other 100 (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

<b>HAULER OF WASTE (Must be filled by hauler)</b>		<b>999000773</b>						
<b>ASBURY OIL CO.</b>		<table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td colspan="3">CODE NO.</td></tr></table>				CODE NO.		
CODE NO.								
<b>13419 Halldale Ave., Gardena, California 90249</b>								
<b>Phone: (213) 321-1392</b>								

Pick Up: 2-1-80 (DATE) Time: 1:46 DAM  
OPEN  
State Liquid Waste Hauler's Registration No. (if applicable): 15  
Job No.: 11238 No. of Loads or Trips: 2 Unit No. 5  
Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): PERKINS

Site Address: WILSON PARK

CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):☐ recovery☐ treatment (specify): \_\_\_\_\_☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 2/14

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

D.O.T. Proper Shipping Name \_\_\_\_\_

**BILLING COPY**